

TAX YEAR 2011 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION-DV

| | | | | | | | | | | | | | | | |
|--|-------------------------|--|-------------------|--|------------------------|---|-------------------|---|---------------------|---|---------------------|---|--|--|--|
| 1. OWNERSHIP - CHOOSE 1 <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS <small>IF APPLICANT'S NAME IS NOT ON THE RECEIPT, ATTACH OWNERSHIP EVIDENCE.</small> | | | | 2. LIFE ESTATE - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES REMAINDER ON PROPERTY? <input type="checkbox"/> NO <input type="checkbox"/> YES- PROVIDE INCOME AND COMPLETE 49-55. | | | | 3. MOBILE HOME - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES <small>IF YES, ATTACH TITLE OR BOS.</small> | | | | COUNTY NAME <div style="font-size: 1.2em; font-weight: bold;">SHELBY</div> | | | |
| 4. COUNTY # 079 | 5. CITY # 479 | 6. DI | 7. MAP | 8. GROUP | 9. CNTL MAP | 10. PARCEL | 11. PI | 12. SI | 13. SSD1 | 14. SSD2 | 15. SSD3 | | | | |
| 16. COUNTY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$ | | 17. DATE TAXES PAID MONTH DAY YEAR | | 18. 25% ASSESSMENT RESIDENTIAL ONLY | | 19. TAX RATE | | 20. RECEIPT # | | 21. TAX BILL AMOUNT | | 28. CLASSIFICATION <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED HOMEOWNER <input type="checkbox"/> DISABLED VETERAN (F-16) <input type="checkbox"/> WIDOWER OF DISABLED VETERAN (F-16S) | | | |
| 22. CITY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$ | | 23. DATE TAXES PAID MONTH DAY YEAR | | 24. 25% ASSESSMENT RESIDENTIAL ONLY | | 25. TAX RATE 3.1889 | | 26. RECEIPT # | | 27. TAX BILL AMOUNT | | | | | |
| 29. LAST NAME | | | | | | 30. FIRST NAME | | | | 31. MI | | 32. ADDITIONAL OWNER(S) <input type="checkbox"/> IF MORE THAN TWO (2) OWNERS, ATTACH F10(s). | | | |
| 33. SOCIAL SECURITY NUMBER | | | | 34. MEDICARE CLAIM NUMBER | | 35. BIRTH DATE MONTH DAY YEAR | | 36. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | | 37. TELEPHONE NUMBER () - | | | | | |
| 38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.) | | | | | | 47. APPLICANT LOCATION - CHOOSE 1 <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY <input type="radio"/> IN NURSING HOME <input type="radio"/> AT RELATIVE'S HOME <input type="radio"/> OTHER YEAR RELOCATED: | | | | 48. THE INCOME LIMIT IS: \$26,830 ANNUAL 2010 INCOME APPLICANT SP/CO/RM SSA \$ \$ SSI \$ \$ RET/PEN \$ \$ VA \$ \$ WORKERS' COMP \$ \$ SALARY/WAGES \$ \$ DIV/INT \$ \$ OTHER \$ \$ TOTAL \$ \$ NO INCOME <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 39. PROPERTY CITY TN 40. ZIP CODE - 0000 | | | | | | GIVE REASON FOR RELOCATION IN REMARKS IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES LEASE TERM (IN MONTHS) | | | | | | | | | |
| 41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY) | | | | | | 46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> GIVE REASON FOR USE IN REMARKS | | | | GRAND TOTAL \$ | | | | | |
| 42. MAILING CITY | | | | | | 43. STATE | | | | | | | | | |
| 44. COUNTRY | | | | | | 45. ZIP CODE - 0000 | | | | | | | | | |
| 49. <input type="checkbox"/> CO-OWNER'S LAST NAME <input type="checkbox"/> SPOUSE'S LAST NAME <input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME | | | | | | 50. FIRST NAME | | | | 51. MI | | ARE YOU MARRIED? - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES - COMPLETE BLOCKS 48, 49-55 AND 85 OR COMPLETE F-10 FORM SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY. | | | |
| 52. SOCIAL SECURITY NUMBER | | 53. MEDICARE CLAIM NUMBER | | 54. BIRTH DATE MONTH DAY YEAR | | 55. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | | | | | | | | | |

COMPLETE BLOCKS 56-78 ONLY WHEN APPLICANT HAS TWO (2) RECEIPTS ON WHICH TAX RELIEF IS TO BE PAID. *EXAMPLE: CONTIGUOUS PARCELS, MOBILE HOME / LAND SPLIT, OR COUNTY / CITY SPLIT.*

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|---|--------|---------------------|---------|----------------------------|--------------|--|--------|---|----------|---|----------|
| 56. | CITY # | 57. DI | 58. MAP | 59. GROUP | 60. CNTL MAP | 61. PARCEL | 62. PI | 63. SI | 64. SSD1 | 65. SSD2 | 66. SSD3 |
| SECOND PARCEL #: | | | | | | | | | | | |
| 67. COUNTY TAX | | 68. DATE TAXES PAID | | 69. 25% ASSESSMENT | | 70. TAX RATE | | 71. RECEIPT # | | 72. TAX BILL AMOUNT | |
| ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County | | MONTH DAY YEAR | | RESIDENTIAL ONLY | | | | | | | |
| \$ | | | | | | | | | | | |
| 73. CITY TAX | | 74. DATE TAXES PAID | | 75. 25% ASSESSMENT | | 76. TAX RATE | | 77. RECEIPT # | | 78. TAX BILL AMOUNT | |
| ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City | | MONTH DAY YEAR | | RESIDENTIAL ONLY | | | | | | | |
| \$ | | | | | | | | | | | |
| 79. DECEASED OWNERS: | | LAST NAME | | FIRST NAME | | RELATION | | YEAR OF DEATH | | <p>Deadline for taking application and paying taxes is 35 days after the property tax delinquency date.</p> <p>To avoid penalty and interest, total tax must be paid by delinquency date.</p> | |
| | | | | | | 1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING | | | | | |
| | | | | | | 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER | | | | | |
| | | | | | | 1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING | | | | | |
| | | | | | | 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER | | | | | |
| | | | | | | 1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING | | | | | |
| | | | | | | 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER | | | | | |
| 80. HAVE YOU RECEIVED TAX RELIEF IN TENNESSEE BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | | |
| IF YES, GIVE COUNTY NAME. _____ | | | | | | | | | | | |
| 82. Certification by Collecting Official: I assert that I have exercised reasonable care and am satisfied that the applicant understood the following: (a) all changes of spouse and owners were to be listed; and (b) all income from all sources for applicant's spouse and each owner was to be listed and was not to exceed the income limit; and (c) intentionally providing false information could subject the applicant to penalty and interest charges in addition to immediate repayment of any tax relief received for years in which false information was provided. I further assert that I detect no condition in this application/voucher, which would necessitate any documentation from this applicant in addition to that submitted. | | | | | | | | | | | |
| <input type="checkbox"/> Trustee or <input checked="" type="checkbox"/> City Collecting Official: _____ | | | | | | | | | | | |
| 81. Comments: (Please Print) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | | | | | | | | | |
| I certify this information to be correct and understand that the information I have provided is subject to verification through matching programs with the social security administration. I understand I am subject to penalty and interest for intentionally providing false information. | | | | | | | | | | | |
| 83. APPLICATION DATE: | | | | 84. APPLICANT'S SIGNATURE: | | | | 85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE: | | | |
| <div style="border: 1px solid black; padding: 2px;"> / / 20 </div> | | | | | | | | | | | |
| 86. WITNESS TO SIGNATURE MARK - This is to certify that we have witnessed the signing of this application by: | | | | | | | | | | | |
| Witness Address _____ | | | | | | Witness Address _____ | | | | | |
| | | | | | | | | | | | |
| BATCH # (TRP Office Use Only) | | | | | | DATE RECEIVED (TRP Office Use Only) | | | | | |
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